

**BEST AVAILABLE COPY**

<b>CLAIMS ONLY</b>							SERIAL NO.		FILING DATE			
							APPLICANT(S)					
							<b>CLAIMS</b>					
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*	*	*		
IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	
1	/							51				
2	/							52				
3	/							53				
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48								98				
49								99				
50								100				
TOTAL IND.	/	/	/	/	/			TOTAL IND.	/	/	/	
TOTAL DEP.	/	/	/	/	/			TOTAL DEP.	/	/	/	
TOTAL CLAIMS	/	/	/	/	/			TOTAL CLAIMS	/	/	/	

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS